

INFORMATIONAL LETTER NO. 2144-MC-FFS

DATE: June 19, 2020

TO: Psychiatric Medical Institutions for Children (PMIC) Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Annual Restraint and Seclusion Attestation Letters and Incident Reporting Requirements

EFFECTIVE: Upon Receipt

Conditions of Participation (CoP)

This letter is intended to remind all PMIC providers, also known as Psychiatric Residential Treatment Facilities for Individuals Under 21 (PRTFs), of the requirement to adhere to federal regulations regarding the conditions of participation. The CoP for PRTFs is contained in 42 CFR Part 483, Subpart G: Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under 21.

PMICs enrolled in the Iowa Medicaid program must comply with the requirements of 42 CFR 483.350; subpart G in order to participate in the Medicaid program. The Code of Federal Regulations at [42 CFR 483.350](#)¹ through [483.376](#)² establishes standards for the use of restraint and seclusion in PRTFs providing inpatient psychiatric services to individuals under age 21.

Federal regulations and Iowa Medicaid policy requires that PRTFs must submit attestation statements to the Medicaid Agency where they have established a provider agreement. Attestation statements are to be submitted annually and are due on July 21^{of} each fiscal year. However, if July 21 occurs on a weekend or holiday, the attestation is due on the first business day following the weekend or holiday.

¹ <https://www.govinfo.gov/content/pkg/CFR-2004-title42-vol3/pdf/CFR-2004-title42-vol3-sec483-350.pdf>

² <https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-part483.pdf>

Attestation letters **must** include the following information:

1. Facility General Characteristics: name, address, telephone number of the facility, and a State provider identification number;
2. Facility Specific Characteristics: Bed size;
3. Number of individuals currently served within the PRTF who are provided service based on their eligibility for the Medicaid Inpatient Psychiatric Services for Individuals Under age 21 Benefit (Psych under 21);
4. Number of individuals, if any, whose Medicaid Inpatient Psychiatric Services Under 21 Benefit is paid for by any State other than the State of the PRTF identified in this attestation letter; and
5. List all States from which the PRTF has ever received Medicaid payment for the provision of Psych under 21 services.
6. The signature of the facility director;
7. The date the attestation was signed;
8. A statement certifying that the facility currently meets all of the requirements of Part 483, Subpart G governing the use of restraint and seclusion;
9. A statement acknowledging the right of the survey agency, Department of Inspections and Appeals (or its agents) and, if necessary, the Centers for Medicare and Medicaid Services (CMS) to conduct an onsite survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences;
10. A statement that the facility will submit a new attestation of compliance annually and in the event a new facility director is appointed.

Providers may mail or email the signed letter of attestation to:

Hannah Olson
Behavioral Health and Substance Use Disorder Policy Specialist
Iowa Medicaid Enterprise
Bureau of Medical and Long Term Services and Supports
611 5th Ave
Des Moines, IA 50309
holson1@dhs.state.ia.us

And

Deb Dixon
Program Coordinator
Iowa Department of Inspections and Appeals
Health Facilities Division
Lucas State Office Building, Third Floor

321 East 12th Street
Des Moines, IA 50319-0083
deb.dixon@dia.iowa.gov

Incident Reporting

Additionally, the reporting requirements in this section of the federal regulations require facilities to report **all** serious occurrences such as a resident's death or serious injury to the member's Managed Care Organization (MCO), state Medicaid agency, and the state's designated protection and advocacy agency.

Serious injury means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

To fulfill the reporting requirement, serious injury incident reports must be sent to the PMIC Program Manager at the address provided above and must also be sent to the member's MCO, and Disability Rights Iowa using the contacts listed below:

Amerigroup Iowa, Inc.

Website: <https://providers.amerigroup.com/ia/pages/critical-incidents.aspx>

Fax: 844-400-3465

Email: IAincidents@amerigroup.com

Iowa Total Care

Fax: 833-205-1251

QOCCIR@IowaTotalCare.com

Disability Rights Iowa

400 East Court Avenue Suite 300

Des Moines, IA 50309

Fax: (515) 278-0539

Email: info@driowa.org

Death of a Resident

In the event of the death of a resident, in addition to reporting the death to the Iowa Medicaid Enterprise, the member's MCO and Disability Rights Iowa as noted above, facilities **must** report the death to the regional office of the Centers for Medicare and Medicaid Services (CMS). This report should be sent to:

CMS – Region 7

Division of Medicaid and Children's Health

Richard Bolling Federal Building, Room 235

601 East 12th Street

Kansas City, MO 64106

All of incident reports and death incident reports must also be documented in the resident's file and in the incident and accident report logs maintained by the facility. The Iowa Department of Inspections and Appeals, which licenses PMIC facilities under Iowa Code chapter 135H, is responsible for ascertaining further compliance with this requirement and may be contacted at the email provided above.

Please direct questions regarding this letter to Hannah Olson, Behavioral Health and Substance Use Disorder Policy Specialist at: holson1@dhs.state.ia.us or (515) 256-4643.